

## INSTRUCTIONS FOR THE APPLICANT

State and Federal laws permit employers to require job applicants to fill in responses to this form ONLY AFTER A JOB OFFER HAS BEEN MADE.

If you have any questions about this questionnaire, please contact your hiring authority's Personnel Officer.

In Section II of this Questionnaire, your hiring authority has checked-off physical or mental conditions that it believes could impact an employee's ability to perform the most important duties of the job you have been offered. IN RESPONDING TO SECTION II, QUESTIONS 1-15, BELOW, ANSWER ONLY THOSE QUESTIONS THAT HAVE BEEN CHECKED OFF AND FOR WHICH SPECIFIC JOB DUTIES HAVE BEEN LISTED.

When answering the questions contained in Section II, please indicate whether you have any of the designated physical or mental conditions or limitations, BUT ONLY TO THE EXTENT THAT YOU BELIEVE YOUR PHYSICAL OR MENTAL CONDITION OR LIMITATION COULD AFFECT YOUR ABILITY TO PERFORM THOSE SPECIFIC JOB DUTIES LISTED BY THE HIRING AUTHORITY.

If you need a reasonable accommodation to perform the job duties listed by the hiring authority, please so note by filling out Section III, below.

If you are unsure whether you have a physical or mental condition or limitation that would prevent you from performing the most important duties of the job, please so note by filling out Section IV, below.

Please return the completed questionnaire to your hiring authority, unless: (1) advised otherwise by the hiring authority; or (2) you prefer to send it directly to the Medical Officer, State Personnel Board, 801 Capitol Mall, Sacramento, CA 95814. If you choose the second option, be sure to notify the hiring authority that you have done so.

**THE INFORMATION THAT YOU PROVIDE IN THIS QUESTIONNAIRE IS CONFIDENTIAL AND YOUR HIRING AUTHORITY AND THE STATE PERSONNEL BOARD ARE REQUIRED TO MAINTAIN THE INFORMATION IN A CONFIDENTIAL MANNER, CONSISTENT WITH ALL STATE AND FEDERAL LAWS CONCERNING THE RETENTION OF MEDICAL INFORMATION.**

## SECTION I

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

Hiring Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Hiring Manager \_\_\_\_\_ Tel. No. \_\_\_\_\_

Class Title \_\_\_\_\_ Date Job Offer Made \_\_\_\_\_

### TYPE OF APPOINTMENT

PERMANENT

TAU

LIMITED TERM

REINSTATEMENT

Dates of Previous  
State Employment \_\_\_\_\_

I certify that I have provided true and complete information concerning my physical or mental condition in relation to the job I have been offered. (I understand that any misrepresentation or material omission may be cause for dismissal from employment.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DO NOT LEAVE YOUR PRESENT EMPLOYMENT TO ACCEPT A POSITION IN  
STATE SERVICE UNTIL YOU HAVE BEEN SPECIFICALLY NOTIFIED TO REPORT  
TO WORK

## PRIVACY NOTICE

**Official Responsible:** Medical Officer, State Personnel Board, 801 Capitol Mall, Sacramento, CA 95814. **Authority:** Government Code section 18931. **Purpose:** The information you furnish will be used to evaluate your medical fitness to safely and effectively carry out the essential functions of the position you have applied for. **Access:** State and Federal laws require that your medical records be maintained in a confidential manner. They may be reviewed by contacting your hiring authority's Personnel Officer.

## SECTION II

- 1. **VISION – One or more of the essential (most important) functions of this job requires that you have sufficient vision to perform the below-listed duties:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your vision?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.

- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

- **2. HEARING – One or more of the essential (most important) functions of this job requires that your hearing be sufficiently acute to enable you to perform the below-listed duties:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your hearing?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

● **3. SPEECH – One or more of the essential (most important) functions of this job requires that you have a sufficient ability to speak in order to perform the below-listed duties:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to speak?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

● **4. CARDIAC/CIRCULATORY SYSTEM – One or more of the essential (most important) functions of this job requires that your cardiac/circulatory system be in sufficient condition to enable you to perform the below-listed duties:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your cardiac/circulatory system?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

● **5. RESPIRATORY SYSTEM – One or more of the essential (most important) functions of this job requires that your respiratory system be in sufficient condition to enable you to perform the below-listed duties:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your respiratory system?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

6. **ORTHOPEDIC – One or more of the essential (most important) functions of this job generally requires the use of the below-designated body parts in order to perform the below-listed duties:**

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[The hiring authority is to specifically designate which body parts are implicated by each essential function listed]

- a. Neck    b. Shoulder    c. Arm    d. Elbow    e. Wrist  
f. Hand    g. Finger    h. Spine    h. Back    i. Hip  
j. Leg    k. Knee    l. Ankle    m. Foot    n. Toe

**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect any of the above-designated body parts?**

- Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)



7. **MANUAL DEXTERITY – One or more of the essential (most important) functions of this job requires that you be able to perform the below-listed duties requiring manual dexterity:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to perform tasks involving manual dexterity?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

- **8. BENDING, STOOPING, KNEELING – One or more of the essential (most important) functions of this job requires that you be able to perform the below-listed duties requiring you to bend at the knee or waist, stoop, or kneel:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to bend at the knee or waist, stoop, or kneel?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

9. **SITTING OR STANDING – One or more of the essential (most important) functions of this job requires that you be able to perform the below-listed duties requiring you to sit or stand for extended periods of time:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to sit or stand for extended periods of time?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

- **10. LIFTING – One or more of the essential (most important) functions of this job requires that you be able to perform the below-listed duties requiring you to lift up to \_\_\_\_ pounds:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to lift up to \_\_\_\_ pounds?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

● **11. CONCENTRATION – One or more of the essential (most important) functions of this job requires that you be able to perform the below-listed duties requiring continuous concentration on your part:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to concentrate?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

- **12. EQUILIBRIUM/BALANCE – One or more of the essential (most important) functions of this job requires that you be able to perform the below-listed duties in such a manner that you do not jeopardize the safety of others:**

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**Are you able to safely perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to maintain your equilibrium/balance?**

- ▶ Yes. I am able to safely perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to safely perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to safely perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to safely perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to safely perform the essential functions of the job.)

- **13. LOSS OF AWARENESS OR CONSCIOUSNESS – One or more of the essential (most important) functions of this job requires that you perform the below-listed duties in such a manner that you do not jeopardize the safety of others:**

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**Are you able to safely perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to remain conscious or otherwise aware of your surroundings?**

- ▶ Yes. I am able to safely perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to safely perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to safely perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to safely perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to safely perform the essential functions of the job.)

- **14. CONTAGIOUS OR COMMUNICABLE DISEASE – One or more of the essential (most important) functions of this job requires that you perform the below-listed duties in such a manner that you do not jeopardize the safety of others:**

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**Are you able to safely perform the above-listed essential functions of the job, or are you prevented from doing so due to having a contagious or communicable disease or condition that may be transmitted to others while you are performing the above-listed essential functions?**

- ▶ Yes. I am able to safely perform all of the above-listed essential functions of the job, and have no contagious or communicable disease or condition that would prevent or otherwise impair me from doing so.
- ▶ Yes. I am able to safely perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to safely perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to safely perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to safely perform the essential functions of the job.)



- **15. DRIVING OR OPERATING DANGEROUS EQUIPMENT – One or more of the essential (most important) functions of this job requires that you drive vehicles or operate dangerous equipment while performing the below-listed duties:**

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**Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitation that may affect your ability to operate vehicles or dangerous equipment?**

- ▶ Yes. I am able to perform all of the above-listed essential functions of the job, and have no physical or mental condition or limitation that would prevent or impair me from doing so.
- ▶ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order to do so.
- ▶ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- ▶ I am not sure if I am able to perform one or more of the above-listed essential functions of the job. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

● **16. Do you have ANY OTHER PHYSICAL OR MENTAL CONDITION OR LIMITATION not listed above that may prevent you from performing the essential (most important) functions of the position as described in the job description provided to you by the hiring authority?**

- ▶ No. I have no other physical or mental condition or impairment not already noted above that would prevent or otherwise impair me from performing the essential functions of the job, as set forth in the job description provided by the hiring authority.
- ▶ No. I have no other physical or mental condition or impairment not already noted above that would prevent or otherwise impair me from performing the essential functions of the job, as set forth in the job description provided by the hiring authority. BUT, I do have a physical or mental condition or limitation not otherwise noted above that will require reasonable accommodation (to be provided by the hiring authority as more specifically noted in Section III, below) in order for me to be able to perform one or more of those essential functions.
- ▶ Yes. I have a mental or physical condition or limitation not already noted above that will prevent me from performing one or more of the essential functions of the job, as set forth in the job description provided by the hiring authority, even with reasonable accommodation.
- ▶ I am not sure if I have any other physical or mental condition or impairment that might prevent or otherwise impair me from performing one or more of the essential functions of the job, as set forth in the job description provided by the hiring authority. (In Section IV, below, please identify the functional limitations you have that you believe may limit your ability to perform the essential functions of the job.)

## SECTION III

### REASONABLE ACCOMMODATION

Employers in California are required to reasonably accommodate the known physical and mental disabilities, and specified medical conditions, of qualified individuals. Employers are not, however, required to provide reasonable accommodation to individuals who do not meet the legal definition of a “qualified individual with a disability,” or when the reasonable accommodation would constitute an undue hardship on the employer.

Reasonable accommodation can take many forms, including providing assistive devices, changing work schedules, and the like. Reasonable accommodation does not, however, require an employer to change the essential duties of the job in question. Moreover, an individual will not necessarily be entitled to the specific type of accommodation he or she requests. Instead, the employer is required to engage in a good-faith, interactive process with the individual concerning the requested accommodation in order to determine the most reasonable accommodation that can be made, given the individual’s condition/limitations and the requirements of the job. In addition, the employer may require more specific medical information from the individual’s physician in order to adequately assess both the need for, and the most appropriate, accommodation under the circumstances.

It is important to note that IT IS ILLEGAL TO DENY EMPLOYMENT TO ANY PROSPECTIVE EMPLOYEE ON THE BASIS OF THEIR HAVING REQUESTED REASONABLE ACCOMMODATION IN EMPLOYMENT. If you have indicated in your response to any of the questions in Section II, above, that you would need reasonable accommodation to perform any of the essential functions of the job that you have been offered, please provide a general description of the conditions and/or limitations that require the reasonable accommodation(s), as well as the specific accommodation(s) that you would need in order to perform each essential function in question. You may attach additional pages to this questionnaire if necessary. A representative of the hiring authority will contact you to discuss your request.

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.